

INS. CASE OWNER:

CC 3/AIG1800 4627/12ub3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

A/3/18

Date / Time :

9/3/18

Registered in Merimen:

17/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

STX 5445K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

7/3/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHA 867R



INSRS:

WSP:

Tel :

Liability :

RMKS:

WUE
WY

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 867R - CS/EU1602404/Aghim port 14/11/10
STX 5445K - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

A member of COMFORTDELGRO

Date/Time: 08.03.2018 16:35 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305123261

CUSTOMER

CITYCAB PTE LTD
7010070
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65551188

L. (R) (O)
(P)

SCOUT CARD NO.

REGN NO.

SHA 867R

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 08.03.2018 13:10

YR OF MANU

16.04.2015

TARGET DATE

CHASSIS CODE

RMHLB41UMFU068304

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.03.2018

NATURE: 3P 07.03.2018

S/NO

LABOR CODE

DESCRIPTION

ALH - Taxi Right Front Damage
LKK/Kehin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

On:

File No.:

SHA 867R

LARRY

Larry Ng

Signature of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.:

SHA 867R

Name of Service Advisor

Date

To be kept by Security Guard